

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Monroe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	113	132	\$3,467	\$31	\$26	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	1	1	\$88	\$88	\$88	1
Assessment		H0031	Encounter	379	484	\$55,441	\$146	\$115	1
Treatment Planning		H0032	Encounter	193	227	\$25,641	\$133	\$113	1
Health Services		H0034	15 Minutes	20	284	\$15,895	\$795	\$56	14
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	30	0	\$235,165	\$7,839	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	58	8,319	\$562,685	\$9,701	\$68	143
Community Living Supports in Independent living/own home		H0043	Per diem	7	868	\$10,084	\$1,441	\$12	124
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	3	3	\$414	\$138	\$138	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	217	1,043	\$414,560	\$1,910	\$397	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	19	19,552	\$64,880	\$3,415	\$3	1,029
Community Living Supports (15 Minutes)		H2015	15 Minutes	133	148,690	\$455,186	\$3,422	\$3	1,118
Community Living Supports (Daily)		H2016	Per Diem	3	445	\$13,742	\$4,581	\$31	148
Community Living Supports (Daily)		H2016	Per Diem	3	425	\$26,643	\$8,881	\$63	142
Community Living Supports (Daily)		H2016	Per Diem	10	1,429	\$190,271	\$19,027	\$133	143
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	154	11,341	\$73,978	\$480	\$7	74
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	71	64,509	\$240,912	\$3,393	\$4	909
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	3	199	\$8,832	\$2,944	\$44	66
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Monroe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	9	54	\$1,079	\$120	\$20	6
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	31	104	\$10,071	\$325	\$97	3
Health Services		T1002	Up to 15 min	29	1,592	\$295,794	\$10,200	\$186	55
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	4	429	\$3,535	\$884	\$8	107
Supports Coordination/Wrap Facilitation		T1016	15 minutes	3	14	\$1,222	\$407	\$87	5
Targeted Case Management		T1017	15 minutes	620	20,045	\$1,226,875	\$1,979	\$61	32
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6	1,177	\$37,299	\$6,217	\$32	196
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6	507	\$72,232	\$12,039	\$142	85
Assessments		T1023	Encounter	436	711	\$109,116	\$250	\$153	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	1	1	\$874	\$874	\$874	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,425		\$6,362,662			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Montcalm

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	8	486	\$230,682	\$28,835	\$475	61
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	3	20	\$11,610	\$3,870	\$581	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	68	468	\$295,754	\$4,349	\$632	7
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	137	142	\$39,986	\$292	\$282	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	72	103	\$10,168	\$141	\$99	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	304	1,513	\$186,090	\$612	\$123	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	1	1	\$236	\$236	\$236	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Montcalm									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	5	8	\$721	\$144	\$90	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	24	221	\$8,624	\$359	\$39	9
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	175	623	\$76,095	\$435	\$122	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	4	19	\$2,948	\$737	\$155	5
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	1	3	\$190	\$190	\$63	3
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	1	1	\$173	\$173	\$173	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Montcalm Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Montcalm Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	117	243	\$46,023	\$393	\$189	2
Assessment		H0031	Encounter	317	331	\$90,193	\$285	\$272	1
Treatment Planning		H0032	Encounter	291	803	\$30,149	\$104	\$38	3
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	4	7	\$1,254	\$314	\$179	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	275	1,392	\$73,237	\$266	\$53	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	8	1,406	\$30,006	\$3,751	\$21	176
Community Living Supports (Daily)		H2016	Per Diem	3	669	\$29,457	\$9,819	\$44	223
Community Living Supports (Daily)		H2016	Per Diem	1	100	\$12,558	\$12,558	\$126	100
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	2	4,455	\$8,407	\$4,204	\$2	2,228
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	52	61,767	\$387,614	\$7,454	\$6	1,188
Medication Review		M0064	Encounter Face-to-Face	78	231	\$7,737	\$99	\$33	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	7	96	\$18,772	\$2,682	\$196	14
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Montcalm

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	1	7	\$165	\$165	\$24	7
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	10	12	\$4,990	\$499	\$416	1
Health Services		T1002	Up to 15 min	11	384	\$33,190	\$3,017	\$86	35
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	1	556	\$2,950	\$2,950	\$5	556
Supports Coordination/Wrap Facilitation		T1016	15 minutes	21	302	\$21,073	\$1,003	\$70	14
Targeted Case Management		T1017	15 minutes	212	5,256	\$368,270	\$1,737	\$70	25
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	9	1,703	\$17,671	\$1,963	\$10	189
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	365	\$13,231	\$13,231	\$36	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	172	253	\$100,145	\$582	\$396	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	37	2,001	\$72,310	\$1,954	\$36	54
Transportation		T2004		24	411	\$1,387	\$58	\$3	17
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$9,303	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				899		\$2,243,369			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	31	1,732	\$398,680	\$12,861	\$230	56
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	10	55	\$18,010	\$1,801	\$327	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	126	1,123	\$406,906	\$3,229	\$362	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	4	17	\$2,376	\$594	\$140	4
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	90	840	\$19,327	\$215	\$23	9
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	388	406	\$114,194	\$294	\$281	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	273	442	\$78,661	\$288	\$178	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	935	6,538	\$1,177,053	\$1,259	\$180	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	431	510	\$126,044	\$292	\$247	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	1	5	\$394	\$394	\$79	5
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	1	9	\$708	\$708	\$79	9
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	13	28	\$2,999	\$231	\$107	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	86	931	\$131,599	\$1,530	\$141	11
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	1,275	4,312	\$504,076	\$395	\$117	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	10	20	\$4,578	\$458	\$229	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	1	1	\$211	\$211	\$211	1
Occupational Therapy		97004	Encounter	1	2	\$298	\$298	\$149	2
Occupational or Physical Therapy		97110	15 Minutes	1	87	\$4,512	\$4,512	\$52	87
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	1	39	\$2,180	\$2,180	\$56	39
Occupational or Physical Therapy		97124	15 Minutes	1	50	\$2,974	\$2,974	\$59	50
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	149	374	\$114,282	\$767	\$306	3
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	1	2	\$88	\$88	\$44	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	1	44	\$2,886	\$2,886	\$66	44
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	1	23	\$1,523	\$1,523	\$66	23
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	2	2	\$157	\$79	\$79	1
Assessment or Health Services		97803	15 Minutes	4	34	\$2,676	\$669	\$79	9
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	372	376	\$121,881	\$328	\$324	1
Additional Codes-Physician Services		99214	Encounter	45	47	\$9,732	\$216	\$207	1
Additional Codes-Physician Services		99215	Encounter	87	88	\$31,162	\$358	\$354	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	8	8	\$3,588	\$448	\$448	1
Additional Codes-Physician Services		99253	Encounter	1	1	\$4	\$4	\$4	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	11	11	\$3,823	\$348	\$348	1
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	3	4	\$1,014	\$338	\$254	1
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	14	100	\$16,027	\$1,145	\$160	7
Prevention Services - Direct Model		H0025	Face to Face Contact	1	1	\$79	\$79	\$79	1
Assessment		H0031	Encounter	64	76	\$4,056	\$63	\$53	1
Treatment Planning		H0032	Encounter	97	767	\$140,738	\$1,451	\$183	8
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		148	0	\$66,707	\$451	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	134	25,082	\$2,197,846	\$16,402	\$88	187
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	46	108	\$5,548	\$121	\$51	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	755	3,831	\$648,470	\$859	\$169	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	11	15,325	\$455,571	\$41,416	\$30	1,393
Community Living Supports (15 Minutes)		H2015	15 Minutes	23	3,275	\$7,831	\$340	\$2	142
Community Living Supports (Daily)		H2016	Per Diem	11	1,746	\$37,560	\$3,415	\$22	159
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	282	19,962	\$1,875,158	\$6,649	\$94	71
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	22	10,194	\$13,364	\$607	\$1	463
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	139	83,746	\$637,109	\$4,584	\$8	602
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	3	1,650	\$889	\$296	\$1	550

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Muskegon Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	2	2	\$209	\$105	\$105	1
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	7	245	\$19,284	\$2,755	\$79	35
Health Services		S9446	Encounter	1	2	\$157	\$157	\$79	2
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	279	20,942	\$284,670	\$1,020	\$14	75
Assessment		T1001	Encounter	6	27	\$970	\$162	\$36	5
Health Services		T1002	Up to 15 min	1,691	9,147	\$1,583,452	\$936	\$173	5
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	928	37,502	\$4,615,671	\$4,974	\$123	40
Targeted Case Management		T1017	15 minutes	15	150	\$21,667	\$1,444	\$144	10
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	57	4,006	\$33,680	\$591	\$8	70
Personal Care in Licensed Specialized Residential Setting		T1020	Days	230	13,898	\$501,892	\$2,182	\$36	60
Personal Care in Licensed Specialized Residential Setting		T1020	Days	151	3,598	\$338,921	\$2,245	\$94	24
Assessments		T1023	Encounter	416	623	\$235,658	\$566	\$378	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	482	3,140	\$198,140	\$411	\$63	7
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	5	987	\$6,920	\$1,384	\$7	197
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	149	222	\$27,419	\$184	\$124	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	25	30	\$11,930	\$477	\$398	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				67	0	\$10,627	\$159	\$0	0
Other				6	0	\$6,784	\$1,131	\$0	0
Total Population and Cost				2,666		\$17,293,599			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	54	6,426	\$3,110,177	\$57,596	\$484	119
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	259	2,775	\$1,589,102	\$6,136	\$573	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	634	9,089	\$5,585,013	\$8,809	\$614	14
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	3	13	\$4,117	\$1,372	\$317	4
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	222	1,015	\$176,860	\$797	\$174	5
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	13	1,105	\$8,215	\$632	\$7	85
Medication Administration		90782	Encounter	297	3,429	\$247,437	\$833	\$72	12
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	891	910	\$118,675	\$133	\$130	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	42	175	\$12,761	\$304	\$73	4
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	2,041	11,058	\$853,754	\$418	\$77	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	19	20	\$1,553	\$82	\$78	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	1	14	\$1,050	\$1,050	\$75	14
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	1	6	\$450	\$450	\$75	6
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	278	2,573	\$82,021	\$295	\$32	9
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	3,404	7,895	\$542,706	\$159	\$69	2
Additional Codes-ECT Physician		90870	Encounter	27	281	\$11,540	\$427	\$41	10
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	1	\$70	\$70	\$70	1
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	1	3	\$300	\$300	\$100	3
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	1	1	\$100	\$100	\$100	1
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	14	24	\$532	\$38	\$22	2
Assessment or Health Services		97803	15 Minutes	33	212	\$3,816	\$116	\$18	6
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		127	142	\$20,910	\$165	\$147	1
Additional Codes-Physician Services		99222		1	1	\$145	\$145	\$145	1
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		100	322	\$4,935	\$49	\$15	3
Additional Codes-Physician Services		99232		89	187	\$11,175	\$126	\$60	2
Additional Codes-Physician Services		99233		9	12	\$831	\$92	\$69	1
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	33	33	\$2,863	\$87	\$87	1
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	21	108	\$8,100	\$386	\$75	5
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	569	4,294	\$982,976	\$1,728	\$229	8
Prevention Services - Direct Model		H0025	Face to Face Contact	31	277	\$4,981	\$161	\$18	9
Assessment		H0031	Encounter	3,230	5,168	\$404,261	\$125	\$78	2
Treatment Planning		H0032	Encounter	14	25	\$14,987	\$1,071	\$599	2
Health Services		H0034	15 Minutes	30	260	\$123	\$4	\$0	9
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	191	4,138	\$190,870	\$999	\$46	22
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	239	19,909	\$1,200,713	\$5,024	\$60	83
Community Living Supports in Independent living/own home		H0043	Per diem	4	340	\$34,718	\$8,680	\$102	85
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	27	35	\$2,337	\$87	\$67	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1,193	8,710	\$493,671	\$414	\$57	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	6	19,737	\$19,531	\$3,255	\$1	3,290
Community Living Supports (15 Minutes)		H2015	15 Minutes	119	149,712	\$545,557	\$4,585	\$4	1,258
Community Living Supports (Daily)		H2016	Per Diem	49	10,982	\$313,026	\$6,388	\$29	224
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	145	39,689	\$4,541,581	\$31,321	\$114	274
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	256	116,423	\$690,116	\$2,696	\$6	455
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	264	409,109	\$944,567	\$3,578	\$2	1,550
Medication Review		M0064	Encounter Face-to-Face	1,998	4,958	\$192,432	\$96	\$39	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	868	7,610	\$820,692	\$945	\$108	9
Health Services		S9446	Encounter	64	820	\$50,020	\$782	\$61	13
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$138,342	\$0	\$0	0
Assessment		T1001	Encounter	99	455	\$21,881	\$221	\$48	5
Health Services		T1002	Up to 15 min	44	173	\$5,894	\$134	\$34	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	64	1,262	\$76,780	\$1,200	\$61	20
Targeted Case Management		T1017	15 minutes	2,581	79,446	\$7,357,831	\$2,851	\$93	31
Nursing Home Mental Health Monitoring		T1017	15 minutes	168	4,025	\$253,122	\$1,507	\$63	24
Personal Care in Licensed Specialized Residential Setting		T1020	Days	121	33,449	\$484,521	\$4,004	\$14	276
Personal Care in Licensed Specialized Residential Setting		T1020	Days	29	5,011	\$172,007	\$5,931	\$34	173
Personal Care in Licensed Specialized Residential Setting		T1020	Days	18	4,409	\$333,794	\$18,544	\$76	245
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	1	19	\$931	\$931	\$49	19
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$415,776	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	127	274	\$115,599	\$910	\$422	2
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				1,044	0	\$396,379	\$380	\$0	0
Other				0	0	\$847,950	\$0	\$0	0
Total Population and Cost				7,563		\$34,467,174			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	3	125	\$64,383	\$21,461	\$515	42
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	83	770	\$452,406	\$5,451	\$588	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	1	9	\$2,190	\$2,190	\$243	9
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	339	355	\$49,245	\$145	\$139	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	136	229	\$12,683	\$93	\$55	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	401	2,262	\$252,844	\$631	\$112	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	19	32	\$8,148	\$429	\$255	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	3	4	\$283	\$94	\$71	1
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	6	26	\$3,078	\$513	\$118	4
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	8	15	\$3,220	\$403	\$215	2

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Newaygo Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	32	88	\$9,901	\$309	\$113	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	44	1,747	\$110,804	\$2,518	\$63	40
Therapy-Group Therapy		90857	Encounter	16	19	\$2,595	\$162	\$137	1
Medication Review		90862	Encounter	294	1,013	\$118,260	\$402	\$117	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	16	62	\$5,679	\$355	\$92	4
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Newwaygo

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Newaygo

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	51	294	\$83,250	\$1,632	\$283	6
Prevention Services - Direct Model		H0025	Face to Face Contact	25	40	\$7,650	\$306	\$191	2
Assessment		H0031	Encounter	491	557	\$63,073	\$128	\$113	1
Treatment Planning		H0032	Encounter	417	473	\$59,655	\$143	\$126	1
Health Services		H0034	15 Minutes	27	93	\$5,099	\$189	\$55	3
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$86,085	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	62	5,473	\$396,371	\$6,393	\$72	88
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	5	5	\$188	\$38	\$38	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	145	417	\$23,250	\$160	\$56	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	2	34	\$4,433	\$2,217	\$130	17
Community Living Supports (15 Minutes)		H2015	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	2	706	\$8,644	\$4,322	\$12	353
Community Living Supports (Daily)		H2016	Per Diem	1	31	\$2,105	\$2,105	\$68	31
Community Living Supports (Daily)		H2016	Per Diem	2	439	\$100,583	\$50,292	\$229	220
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	32	21,701	\$127,683	\$3,990	\$6	678
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	8	22	\$4,808	\$601	\$219	3
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	6	5,442	\$13,934	\$2,322	\$3	907

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Newaygo

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	33	41	\$3,588	\$109	\$88	1
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	363	1,801	\$81,776	\$225	\$45	5
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	31	17,161	\$82,696	\$2,668	\$5	554
Supports Coordination/Wrap Facilitation		T1016	15 minutes	4	25	\$1,318	\$330	\$53	6
Targeted Case Management		T1017	15 minutes	281	9,853	\$619,928	\$2,206	\$63	35
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	5	1,176	\$4,872	\$974	\$4	235
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	165	690	\$27,750	\$168	\$40	4
Enhanced Medical Supplies or Pharmacy		T1999	Items	9	631	\$889	\$99	\$1	70
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	5	6	\$2,820	\$564	\$470	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				40	0	\$24,668	\$617	\$0	0
Total Population and Cost				986		\$2,932,835			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	21	1,809	\$923,927	\$43,997	\$511	86
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	11	107	\$57,609	\$5,237	\$538	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	400	2,668	\$1,442,995	\$3,607	\$541	7
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	64	800	\$51,225	\$800	\$64	13
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	295	295	\$92,771	\$314	\$314	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	252	409	\$25,100	\$100	\$61	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	1,024	5,917	\$680,288	\$664	\$115	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	14	17	\$2,848	\$203	\$168	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	1	1	\$68	\$68	\$68	1
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	3	9	\$1,017	\$339	\$113	3
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

North Country Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	10	11	\$1,213	\$121	\$110	1
Therapy-Family Therapy		90847	Encounter	74	163	\$18,216	\$246	\$112	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	62	501	\$31,986	\$516	\$64	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	833	2,731	\$269,695	\$324	\$99	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	1	1	\$156	\$156	\$156	1
Speech & Language Therapy		92507	Encounter	1	19	\$1,800	\$1,800	\$95	19
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	9	26	\$3,867	\$430	\$149	3
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	1	4	\$741	\$741	\$185	4
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	4	4	\$1,152	\$288	\$288	1
Occupational Therapy		97004	Encounter	1	1	\$219	\$219	\$219	1
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	1	8	\$234	\$234	\$29	8
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

North Country Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	1	3	\$98	\$98	\$33	3
Assessment or Health Services		97803	15 Minutes	1	6	\$218	\$218	\$36	6
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	23	2,138	\$13,659	\$594	\$6	93
Additional Codes-Transportation		A0427	Refer to Code Descriptions	8	8	\$3,139	\$392	\$392	1
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

North Country Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	244	264	\$30,536	\$125	\$116	1
Crisis Residential Services		H0018	Days	96	761	\$276,615	\$2,881	\$363	8
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	1,231	1,316	\$282,558	\$230	\$215	1
Treatment Planning		H0032	Encounter	1,309	1,719	\$241,613	\$185	\$141	1
Health Services		H0034	15 Minutes	191	758	\$29,641	\$155	\$39	4
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		149	5,120	\$102,277	\$686	\$20	34
Assertive Community Treatment (ACT)		H0039	15 Minutes	92	16,893	\$744,360	\$8,091	\$44	184
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	3	3	\$199	\$66	\$66	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	512	2,403	\$141,010	\$275	\$59	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	14	11,509	\$40,005	\$2,858	\$3	822
Community Living Supports (15 Minutes)		H2015	15 Minutes	20	24,543	\$82,477	\$4,124	\$3	1,227
Community Living Supports (Daily)		H2016	Per Diem	2	657	\$15,897	\$7,949	\$24	329
Community Living Supports (Daily)		H2016	Per Diem	2	730	\$25,242	\$12,621	\$35	365
Community Living Supports (Daily)		H2016	Per Diem	104	5,292	\$1,050,101	\$10,097	\$198	51
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	21	555	\$5,089	\$242	\$9	26
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	205	231,813	\$883,498	\$4,310	\$4	1,131
Medication Review		M0064	Encounter Face-to-Face	658	1,764	\$116,175	\$177	\$66	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	3	826	\$890	\$297	\$1	275

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

North Country Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	101	722	\$98,612	\$976	\$137	7
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	2	4	\$973	\$487	\$243	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	38	244	\$8,078	\$213	\$33	6
Assessment		T1001	Encounter	420	440	\$69,897	\$166	\$159	1
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	10	381	\$26,085	\$2,609	\$68	38
Targeted Case Management		T1017	15 minutes	418	24,356	\$846,039	\$2,024	\$35	58
Nursing Home Mental Health Monitoring		T1017	15 minutes	25	299	\$9,300	\$372	\$31	12
Personal Care in Licensed Specialized Residential Setting		T1020	Days	104	6,337	\$56,035	\$539	\$9	61
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	5	37	\$2,309	\$462	\$62	7
Assessments		T1023	Encounter	280	343	\$42,180	\$151	\$123	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				40	0	\$141,539	\$3,538	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				2,614		\$8,993,471			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	10	1,753	\$948,658	\$94,866	\$541	175
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	50	297	\$239,372	\$4,787	\$806	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	18	55	\$2,215	\$123	\$40	3
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	334	344	\$90,160	\$270	\$262	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	72	94	\$3,962	\$55	\$42	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	251	1,178	\$86,884	\$346	\$74	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	11	15	\$1,383	\$126	\$92	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	4	4	\$298	\$74	\$74	1
Therapy-Family Therapy		90847	Encounter	28	48	\$3,478	\$124	\$72	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	68	765	\$26,958	\$396	\$35	11
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	938	3,297	\$346,555	\$369	\$105	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	1	1	\$120	\$120	\$120	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	1	23	\$2,519	\$2,519	\$110	23
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	16	42	\$2,455	\$153	\$58	3
Assessments-Testing		96117	Hour	1	1	\$308	\$308	\$308	1
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	6	6	\$337	\$56	\$56	1
Additional Codes-Physician Services		99202	Encounter	40	44	\$4,691	\$117	\$107	1
Additional Codes-Physician Services		99203	Encounter	20	21	\$3,771	\$189	\$180	1
Additional Codes-Physician Services		99204	Encounter	9	9	\$2,273	\$253	\$253	1
Additional Codes-Physician Services		99205	Encounter	2	2	\$673	\$337	\$337	1
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	10	10	\$561	\$56	\$56	1
Additional Codes-Physician Services		99213	Encounter	38	40	\$4,490	\$118	\$112	1
Additional Codes-Physician Services		99214	Encounter	74	84	\$15,219	\$206	\$181	1
Additional Codes-Physician Services		99215	Encounter	47	57	\$14,394	\$306	\$253	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	5	5	\$701	\$140	\$140	1
Additional Codes-Physician Services		99252	Encounter	12	12	\$3,232	\$269	\$269	1
Additional Codes-Physician Services		99253	Encounter	7	8	\$2,739	\$391	\$342	1
Additional Codes-Physician Services		99254	Encounter	3	3	\$1,347	\$449	\$449	1
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	1	1	\$56	\$56	\$56	1
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	1	133	\$1,615	\$1,615	\$12	133
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		44	213	\$8,630	\$196	\$41	5
Assessment		H0002	Encounter	20	21	\$4,201	\$210	\$200	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	697	726	\$102,790	\$147	\$142	1
Treatment Planning		H0032	Encounter	633	948	\$96,477	\$152	\$102	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		61	0	\$23,408	\$384	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	63	9,415	\$411,570	\$6,533	\$44	149
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	316	1,476	\$29,579	\$94	\$20	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	1	4,980	\$16,555	\$16,555	\$3	4,980
Community Living Supports (15 Minutes)		H2015	15 Minutes	24	28,882	\$191,874	\$7,995	\$7	1,203
Community Living Supports (Daily)		H2016	Per Diem	2	613	\$19,721	\$9,860	\$32	307
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	85	2,554	\$578,959	\$6,811	\$227	30
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	3	1,319	\$10,971	\$3,657	\$8	440
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	68	49,933	\$297,678	\$4,378	\$6	734
Medication Review		M0064	Encounter Face-to-Face	2	4	\$314	\$157	\$78	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	140	143	\$15,763	\$113	\$110	1
Health Services		T1002	Up to 15 min	35	166	\$8,018	\$229	\$48	5
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	268	9,714	\$408,384	\$1,524	\$42	36
Nursing Home Mental Health Monitoring		T1017	15 minutes	33	1,273	\$39,337	\$1,192	\$31	39
Personal Care in Licensed Specialized Residential Setting		T1020	Days	87	3,165	\$12,892	\$148	\$4	36
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	303	417	\$37,686	\$124	\$90	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	1	51	\$412	\$412	\$8	51
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				60	0	\$42,467	\$708	\$0	0
Total Population and Cost				1,483		\$4,169,110			

CMHSP Cost Data by Service Category
Adults with Mental Illness
Fiscal Year 2004-2005
State of Michigan

Northern Lakes									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	34	2,145	\$1,037,015	\$30,500	\$483	63
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	27	386	\$118,120	\$4,375	\$306	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	402	4,103	\$1,255,546	\$3,123	\$306	10
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	28	142	\$33,577	\$1,199	\$236	5
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	1	30	\$112	\$112	\$4	30
Medication Administration		90782	Encounter	106	1,579	\$64,753	\$611	\$41	15
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	1,256	1,677	\$318,066	\$253	\$190	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	305	501	\$25,682	\$84	\$51	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	1,039	3,124	\$272,234	\$262	\$87	3
Therapy-Individual Therapy		90806	Encounter 45-50 Min	1,025	5,850	\$629,734	\$614	\$108	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	180	406	\$66,598	\$370	\$164	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	1	1	\$190	\$190	\$190	1
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northern Lakes Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	1	13	\$1,493	\$1,493	\$115	13
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	2	3	\$689	\$345	\$230	2
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	10	13	\$1,533	\$153	\$118	1
Therapy-Family Therapy		90847	Encounter	58	134	\$17,172	\$296	\$128	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	305	2,358	\$145,047	\$476	\$62	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	949	4,665	\$454,347	\$479	\$97	5
Additional Codes-ECT Physician		90870	Encounter	6	54	\$18,269	\$3,045	\$338	9
Assessments-Other		90887	Encounter	3	3	\$246	\$82	\$82	1
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	8	28	\$4,593	\$574	\$164	4
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	3	8	\$1,148	\$383	\$144	3
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	1	1	\$149	\$149	\$149	1
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	1	3	\$754	\$754	\$251	3
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northern Lakes									
Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	2	24	\$640	\$320	\$27	12
Assessment or Health Services		97803	15 Minutes	78	626	\$16,686	\$214	\$27	8
Health Services		97804	30 Minutes	1	13	\$346	\$346	\$27	13
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	13	43	\$1,763	\$136	\$41	3
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	1	1	\$603	\$603	\$603	1
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	1	1	\$122	\$122	\$122	1

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northern Lakes									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	258	329	\$40,476	\$157	\$123	1
Crisis Residential Services		H0018	Days	96	1,540	\$442,276	\$4,607	\$287	16
Prevention Services - Direct Model		H0025	Face to Face Contact	1	1	\$25	\$25	\$25	1
Assessment		H0031	Encounter	613	810	\$132,867	\$217	\$164	1
Treatment Planning		H0032	Encounter	870	1,169	\$191,755	\$220	\$164	1
Health Services		H0034	15 Minutes	3	14	\$344	\$115	\$25	5
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	192	60,207	\$105,699	\$551	\$2	314
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	176	14,193	\$853,419	\$4,849	\$60	81
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	9	22	\$5,413	\$601	\$246	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	549	5,176	\$389,425	\$709	\$75	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	50	38,618	\$149,785	\$2,996	\$4	772
Community Living Supports (15 Minutes)		H2015	15 Minutes	244	39,806	\$169,020	\$693	\$4	163
Community Living Supports (Daily)		H2016	Per Diem	4	485	\$15,031	\$3,758	\$31	121
Community Living Supports (Daily)		H2016	Per Diem	28	4,723	\$248,838	\$8,887	\$53	169
Community Living Supports (Daily)		H2016	Per Diem	73	7,875	\$1,008,788	\$13,819	\$128	108
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	60	34,878	\$135,279	\$2,255	\$4	581
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	153	207,686	\$508,761	\$3,325	\$2	1,357
Medication Review		M0064	Encounter Face-to-Face	882	1,630	\$100,266	\$114	\$62	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	6	11	\$1,579	\$263	\$144	2
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	8	5,946	\$3,553	\$444	\$1	743

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northern Lakes									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	176	197	\$28,275	\$161	\$144	1
Health Services		T1002	Up to 15 min	499	1,789	\$58,432	\$117	\$33	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	2	1,285	\$4,879	\$2,440	\$4	643
Supports Coordination/Wrap Facilitation		T1016	15 minutes	10	21	\$857	\$86	\$41	2
Targeted Case Management		T1017	15 minutes	1,158	34,303	\$1,400,513	\$1,209	\$41	30
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	32	5,459	\$101,511	\$3,172	\$19	171
Personal Care in Licensed Specialized Residential Setting		T1020	Days	10	2,722	\$154,660	\$15,466	\$57	272
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6	1,904	\$192,762	\$32,127	\$101	317
Assessments		T1023	Encounter	409	629	\$90,280	\$221	\$144	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	443	482	\$275,506	\$622	\$572	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				3,453		\$11,297,499			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northpointe

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	5	\$2,282	\$2,282	\$456	5
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	80	643	\$429,278	\$5,366	\$668	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	16	201	\$8,945	\$559	\$45	13
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	209	249	\$61,157	\$293	\$246	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	102	208	\$10,492	\$103	\$50	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	190	988	\$99,669	\$525	\$101	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	3	5	\$757	\$252	\$151	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northpointe

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	16	20	\$3,026	\$189	\$151	1
Therapy-Family Therapy		90849	Encounter	7	19	\$2,875	\$411	\$151	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	65	812	\$81,915	\$1,260	\$101	12
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	436	2,221	\$272,739	\$626	\$123	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	7	22	\$3,329	\$476	\$151	3
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	19	20	\$5,569	\$293	\$278	1
Occupational Therapy		97004	Encounter	1	1	\$278	\$278	\$278	1
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	1	1	\$35	\$35	\$35	1
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	1	1	\$35	\$35	\$35	1
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northpointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	19	60	\$2,259	\$119	\$38	3
Assessment or Health Services		97803	15 Minutes	12	73	\$2,748	\$229	\$38	6
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		11	11	\$734	\$67	\$67	1
Additional Codes-Physician Services		99222		21	21	\$1,402	\$67	\$67	1
Additional Codes-Physician Services		99223		2	2	\$134	\$67	\$67	1
Additional Codes-Physician Services		99231		27	109	\$7,276	\$269	\$67	4
Additional Codes-Physician Services		99232		14	26	\$1,736	\$124	\$67	2
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	1	1	\$67	\$67	\$67	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northpointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	7	59	\$5,952	\$850	\$101	8
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	1	1	\$505	\$505	\$505	1
Assessment		H0031	Encounter	419	445	\$89,783	\$214	\$202	1
Treatment Planning		H0032	Encounter	246	349	\$57,864	\$235	\$166	1
Health Services		H0034	15 Minutes	75	294	\$13,083	\$174	\$45	4
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	11	5,280	\$16,681	\$1,516	\$3	480
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	54	9,696	\$500,812	\$9,274	\$52	180
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	15	168	\$20,983	\$1,399	\$125	11
Behavior Management Review		H2000	Encounter	1	6	\$2,318	\$2,318	\$386	6
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	233	1,136	\$64,525	\$277	\$57	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	97	102,958	\$398,447	\$4,108	\$4	1,061
Community Living Supports (15 Minutes)		H2015	15 Minutes	93	102,624	\$586,830	\$6,310	\$6	1,103
Community Living Supports (Daily)		H2016	Per Diem	1	7	\$201	\$201	\$29	7
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	30	5,403	\$1,080,915	\$36,031	\$200	180
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	43	63,314	\$275,277	\$6,402	\$4	1,472
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	60	137	\$7,138	\$119	\$52	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	3	603	\$1,025	\$342	\$2	201

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Northpointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	1	1	\$556	\$556	\$556	1
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	94	96	\$25,008	\$266	\$261	1
Health Services		T1002	Up to 15 min	93	224	\$5,835	\$63	\$26	2
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	403	8,000	\$534,000	\$1,325	\$67	20
Targeted Case Management		T1017	15 minutes	331	5,560	\$368,962	\$1,115	\$66	17
Nursing Home Mental Health Monitoring		T1017	15 minutes	13	167	\$11,082	\$852	\$66	13
Personal Care in Licensed Specialized Residential Setting		T1020	Days	27	4,859	\$50,142	\$1,857	\$10	180
Personal Care in Licensed Specialized Residential Setting		T1020	Days	2	228	\$7,740	\$3,870	\$34	114
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	302	\$37,671	\$37,671	\$125	302
Assessments		T1023	Encounter	336	425	\$83,725	\$249	\$197	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	15	47	\$689	\$46	\$15	3
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	6	7	\$3,677	\$613	\$525	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	16	184	\$34,967	\$2,185	\$190	12
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				17	0	\$44,014	\$2,589	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,060		\$5,329,142			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Oakland Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	47	10,330	\$5,079,185	\$108,068	\$492	220
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	661	9,369	\$4,207,056	\$6,365	\$449	14
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	646	9,267	\$3,850,688	\$5,961	\$416	14
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	14	399	\$44,774	\$3,198	\$112	29
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	75	781	\$79,918	\$1,066	\$102	10
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	640	5,455	\$431,491	\$674	\$79	9
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	5,326	7,001	\$2,151,617	\$404	\$307	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	770	2,361	\$178,185	\$231	\$75	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	1	1	\$85	\$85	\$85	1
Therapy-Individual Therapy		90806	Encounter 45-50 Min	1,271	6,806	\$776,769	\$611	\$114	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	477	1,555	\$249,686	\$523	\$161	3
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Oakland									
Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	29	38	\$6,304	\$217	\$166	1
Therapy-Family Therapy		90847	Encounter	110	283	\$48,252	\$439	\$171	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	538	6,698	\$205,361	\$382	\$31	12
Therapy-Group Therapy		90857	Encounter	178	1,265	\$31,170	\$175	\$25	7
Medication Review		90862	Encounter	5,551	19,296	\$2,473,554	\$446	\$128	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	8	8	\$700	\$88	\$88	1
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	8	16	\$6,827	\$853	\$427	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	5	8	\$900	\$180	\$113	2
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	76	76	\$17,863	\$235	\$235	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	113	663	\$35,596	\$315	\$54	6
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	29	726	\$33,890	\$1,169	\$47	25
Occupational or Physical Therapy		97537	15 Minutes	61	1,255	\$36,910	\$605	\$29	21
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Oakland

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	166	523	\$23,990	\$145	\$46	3
Assessment or Health Services		97803	15 Minutes	66	284	\$13,004	\$197	\$46	4
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	7	7	\$303	\$43	\$43	1
Additional Codes-Physician Services		99253	Encounter	29	36	\$2,087	\$72	\$58	1
Additional Codes-Physician Services		99254	Encounter	27	32	\$2,713	\$100	\$85	1
Additional Codes-Physician Services		99255	Encounter	2	2	\$234	\$117	\$117	1
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	20	156	\$11,283	\$564	\$72	8
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	924	1,102	\$46,416	\$50	\$42	1
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Oakland

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		254	2,896	\$706,315	\$2,781	\$244	11
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	7	17	\$3,141	\$449	\$185	2
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	3,031	4,511	\$1,007,803	\$332	\$223	1
Crisis Residential Services		H0018	Days	396	4,942	\$1,329,991	\$3,359	\$269	12
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	1,692	2,217	\$315,945	\$187	\$143	1
Treatment Planning		H0032	Encounter	1,609	2,264	\$343,788	\$214	\$152	1
Health Services		H0034	15 Minutes	8	19	\$1,426	\$178	\$75	2
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	411	7,581	\$221,896	\$540	\$29	18
Peer Directed and Operated Support Services		NA		0	0	\$714,384	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	637	89,482	\$5,222,170	\$8,198	\$58	140
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	25	40	\$4,938	\$198	\$123	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1,987	6,601	\$864,335	\$435	\$131	3
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	1,131	352,177	\$2,169,492	\$1,918	\$6	311
Community Living Supports (15 Minutes)		H2015	15 Minutes	349	2,765,478	\$10,453,507	\$29,953	\$4	7,924
Community Living Supports (Daily)		H2016	Per Diem	47	8,838	\$486,885	\$10,359	\$55	188
Community Living Supports (Daily)		H2016	Per Diem	62	13,967	\$1,284,405	\$20,716	\$92	225
Community Living Supports (Daily)		H2016	Per Diem	212	44,555	\$6,346,414	\$29,936	\$142	210
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	20	30,950	\$124,110	\$6,206	\$4	1,548
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	411	599,443	\$2,110,039	\$5,134	\$4	1,458
Medication Review		M0064	Encounter Face-to-Face	2,267	7,291	\$682,292	\$301	\$94	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	105	310	\$58,590	\$558	\$189	3
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	1	1,310	\$878	\$878	\$1	1,310

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Oakland

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	570	1,991	\$118,604	\$208	\$60	3
Health Services		S9446	Encounter	134	1,302	\$78,758	\$588	\$60	10
Health Services		S9470	Encounter	182	621	\$62,889	\$346	\$101	3
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	396	4,942	\$104,721	\$264	\$21	12
Assessment		T1001	Encounter	470	539	\$108,641	\$231	\$202	1
Health Services		T1002	Up to 15 min	953	5,467	\$391,711	\$411	\$72	6
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	1	864	\$1,788	\$1,788	\$2	864
Supports Coordination/Wrap Facilitation		T1016	15 minutes	4	130	\$15,677	\$3,919	\$121	33
Targeted Case Management		T1017	15 minutes	5,616	198,308	\$13,082,379	\$2,329	\$66	35
Nursing Home Mental Health Monitoring		T1017	15 minutes	341	5,703	\$321,991	\$944	\$56	17
Personal Care in Licensed Specialized Residential Setting		T1020	Days	212	45,156	\$1,435,509	\$6,771	\$32	213
Personal Care in Licensed Specialized Residential Setting		T1020	Days	62	14,028	\$1,021,800	\$16,481	\$73	226
Personal Care in Licensed Specialized Residential Setting		T1020	Days	31	8,129	\$828,833	\$26,737	\$102	262
Assessments		T1023	Encounter	1,894	3,643	\$1,036,288	\$547	\$284	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	473	481	\$386,833	\$818	\$804	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	706	2,884	\$1,297,713	\$1,838	\$450	4
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$2,022,775	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				9,642		\$76,816,465			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Ottawa

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	12	1,233	\$438,377	\$36,531	\$356	103
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	36	\$6,686	\$6,686	\$186	36
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	142	1,379	\$861,233	\$6,065	\$625	10
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	1	7	\$1,981	\$1,981	\$283	7
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	5	13	\$3,513	\$703	\$270	3
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	1	660	\$1,089	\$1,089	\$2	660
Medication Administration		90782	Encounter	3	31	\$211	\$70	\$7	10
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	358	359	\$156,609	\$437	\$436	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	366	990	\$56,239	\$154	\$57	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	652	4,483	\$467,701	\$717	\$104	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	5	6	\$272	\$54	\$45	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Ottawa

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	23	53	\$6,129	\$266	\$116	2
Therapy-Family Therapy		90847	Encounter	82	560	\$57,842	\$705	\$103	7
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	253	2,790	\$102,174	\$404	\$37	11
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	1,046	5,195	\$948,465	\$907	\$183	5
Additional Codes-ECT Physician		90870	Encounter	2	26	\$2,080	\$1,040	\$80	13
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	7	55	\$5,316	\$759	\$97	8
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Ottawa

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	1	10	\$68	\$68	\$7	10
Additional Codes-Physician Services		99232	Encounter	1	1	\$11	\$11	\$11	1
Additional Codes-Physician Services		99233	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Ottawa

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	4	14	\$9,148	\$2,287	\$653	4
Medication administration		G0351		24	83	\$564	\$24	\$7	3
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	36	173	\$41,151	\$1,143	\$238	5
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	804	864	\$330,562	\$411	\$383	1
Treatment Planning		H0032	Encounter	616	1,074	\$143,712	\$233	\$134	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$70,500	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	109	7,777	\$723,443	\$6,637	\$93	71
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	2	6	\$185	\$93	\$31	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	557	3,124	\$452,370	\$812	\$145	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	1	2,000	\$5,483	\$5,483	\$3	2,000
Community Living Supports (15 Minutes)		H2015	15 Minutes	67	17,264	\$118,325	\$1,766	\$7	258
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	105	5,537	\$1,311,647	\$12,492	\$237	53
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	19	2,390	\$13,982	\$736	\$6	126
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	149	221,776	\$547,022	\$3,671	\$2	1,488
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	1	1	\$148	\$148	\$148	1
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Ottawa									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	10	118	\$26,178	\$2,618	\$222	12
Targeted Case Management		T1017	15 minutes	344	8,448	\$751,534	\$2,185	\$89	25
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	339	\$5,730	\$5,730	\$17	339
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	1,693	\$68,728	\$9,818	\$41	242
Personal Care in Licensed Specialized Residential Setting		T1020	Days	3	331	\$28,307	\$9,436	\$86	110
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	107	115	\$121,400	\$1,135	\$1,056	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	82	442	\$358,867	\$4,376	\$812	5
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				37	0	\$117,404	\$3,173	\$0	0
Other				125	0	\$126,925	\$1,015	\$0	0
Total Population and Cost				1,925		\$8,489,311			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pathways	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	3	424	\$154,336	\$51,445	\$364	141
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	193	1,574	\$1,155,898	\$5,989	\$734	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	52	585	\$11,326	\$218	\$19	11
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	143	151	\$80,646	\$564	\$534	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	3	3	\$380	\$127	\$127	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	359	2,727	\$499,041	\$1,390	\$183	8
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pathways Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	13	33	\$5,467	\$421	\$166	3
Therapy-Family Therapy		90849	Encounter	14	84	\$14,099	\$1,007	\$168	6
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	61	452	\$30,325	\$497	\$67	7
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	595	2,979	\$779,694	\$1,310	\$262	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	2	2	\$1,003	\$502	\$502	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	11	19	\$5,272	\$479	\$285	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	3	3	\$4,020	\$1,340	\$1,340	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	1	6	\$970	\$970	\$162	6
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pathways	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	4	52	\$4,213	\$1,053	\$81	13
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		64	79	\$6,238	\$97	\$79	1
Additional Codes-Physician Services		99222		53	58	\$3,582	\$68	\$62	1
Additional Codes-Physician Services		99223		3	3	\$180	\$60	\$60	1
Additional Codes-Physician Services		99231		85	444	\$35,982	\$423	\$81	5
Additional Codes-Physician Services		99232		41	81	\$6,415	\$156	\$79	2
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pathways	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	6	13	\$1,488	\$248	\$114	2
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	31	148	\$19,647	\$634	\$133	5
Assessment		H0031	Encounter	652	737	\$169,790	\$260	\$230	1
Treatment Planning		H0032	Encounter	300	355	\$123,980	\$413	\$349	1
Health Services		H0034	15 Minutes	143	833	\$86,949	\$608	\$104	6
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	137	34,679	\$290,263	\$2,119	\$8	253
Peer Directed and Operated Support Services		NA		0	0	\$10,913	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	97	25,840	\$782,694	\$8,069	\$30	266
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	8	17	\$5,740	\$717	\$338	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1,184	12,710	\$715,700	\$604	\$56	11
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	95	25,009	\$208,825	\$2,198	\$8	263
Community Living Supports (15 Minutes)		H2015	15 Minutes	229	17,878	\$90,641	\$396	\$5	78
Community Living Supports (Daily)		H2016	Per Diem	5	1,122	\$38,204	\$7,641	\$34	224
Community Living Supports (Daily)		H2016	Per Diem	5	1,082	\$59,835	\$11,967	\$55	216
Community Living Supports (Daily)		H2016	Per Diem	45	7,237	\$1,279,212	\$28,427	\$177	161
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	113	56,470	\$389,643	\$3,448	\$7	500
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	48	105	\$15,577	\$325	\$148	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	4	20	\$1,314	\$329	\$66	5
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pathways	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	1	1	\$258	\$258	\$258	1
Health Services		S9470	Encounter	20	113	\$40,647	\$2,032	\$360	6
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	44	44	\$15,129	\$344	\$344	1
Health Services		T1002	Up to 15 min	19	56	\$7,302	\$384	\$130	3
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	104	1,062	\$103,237	\$993	\$97	10
Targeted Case Management		T1017	15 minutes	589	24,527	\$1,495,411	\$2,539	\$61	42
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	37	5,936	\$89,277	\$2,413	\$15	160
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6	288	\$16,102	\$2,684	\$56	48
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	92	\$9,577	\$9,577	\$104	92
Assessments		T1023	Encounter	685	986	\$162,513	\$237	\$165	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	27	234	\$12,035	\$446	\$51	9
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				2,175		\$9,040,990			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pines

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	64	393	\$203,068	\$3,173	\$517	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	2	7	\$4,535	\$2,268	\$648	4
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	27	287	\$11,332	\$420	\$39	11
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	335	404	\$104,232	\$311	\$258	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	340	375	\$23,620	\$69	\$63	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	547	2,843	\$338,385	\$619	\$119	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pines

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	28	64	\$8,620	\$308	\$135	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	105	1,428	\$80,040	\$762	\$56	14
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	445	1,359	\$119,195	\$268	\$88	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pines

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222	Encounter	3	3	\$210	\$70	\$70	1
Additional Codes-Physician Services		99223	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	Encounter	2	3	\$60	\$30	\$20	2
Additional Codes-Physician Services		99232	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	Encounter	1	1	\$20	\$20	\$20	1
Additional Codes-Physician Services		99238	30 Minutes or less	3	3	\$90	\$30	\$30	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0130	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0140	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0170	Per one-way trip	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pines

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	664	688	\$54,730	\$82	\$80	1
Crisis Residential Services		H0018	Days	1	6	\$1,500	\$1,500	\$250	6
Prevention Services - Direct Model		H0025	Face to Face Contact	1	4	\$20	\$20	\$5	4
Assessment		H0031	Encounter	404	426	\$55,250	\$137	\$130	1
Treatment Planning		H0032	Encounter	468	508	\$28,560	\$61	\$56	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$48,776	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	51	11,184	\$320,207	\$6,279	\$29	219
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	139	644	\$19,320	\$139	\$30	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	2	3,850	\$556	\$278	\$0	1,925
Community Living Supports (15 Minutes)		H2015	15 Minutes	3	11,573	\$25,725	\$8,575	\$2	3,858
Community Living Supports (Daily)		H2016	Per Diem	2	615	\$22,278	\$11,139	\$36	308
Community Living Supports (Daily)		H2016	Per Diem	3	349	\$20,294	\$6,765	\$58	116
Community Living Supports (Daily)		H2016	Per Diem	2	345	\$61,517	\$30,759	\$178	173
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	19	1,318	\$20,070	\$1,056	\$15	69
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	33	68,021	\$145,184	\$4,400	\$2	2,061
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Pines

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	96	598	\$16,985	\$177	\$28	6
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	31	32	\$4,284	\$138	\$134	1
Health Services		T1002	Up to 15 min	30	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	29	26,600	\$90,652	\$3,126	\$3	917
Supports Coordination/Wrap Facilitation		T1016	15 minutes	30	547	\$24,406	\$814	\$45	18
Targeted Case Management		T1017	15 minutes	165	10,466	\$360,112	\$2,182	\$34	63
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6	1,297	\$12,538	\$2,090	\$10	216
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	12	\$810	\$810	\$68	12
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,290		\$2,227,181			

CMHSP Cost Data by Service Category
Adults with Mental Illness
Fiscal Year 2004-2005
State of Michigan
Saginaw

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	62	9,659	\$3,955,447	\$63,798	\$410	156
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	24	787	\$401,173	\$16,716	\$510	33
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	472	3,969	\$2,630,973	\$5,574	\$663	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	49	115	\$0	\$0	\$0	2
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	5	5	\$0	\$0	\$0	1
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	197	1,940	\$73,216	\$372	\$38	10
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	569	767	\$134,180	\$236	\$175	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	52	112	\$8,723	\$168	\$78	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	2	2	\$152	\$76	\$76	1
Therapy-Individual Therapy		90806	Encounter 45-50 Min	691	7,162	\$661,320	\$957	\$92	10
Therapy-Individual Therapy		90807	Encounter 45-50 Min	2	2	\$250	\$125	\$125	1
Therapy-Individual Therapy		90808	Encounter 75-80 Min	27	95	\$13,147	\$487	\$138	4
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	2	27	\$3,472	\$1,736	\$129	14
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	2	4	\$814	\$407	\$204	2

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Saginaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	2	3	\$228	\$114	\$76	2
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	3	3	\$300	\$100	\$100	1
Therapy-Family Therapy		90847	Encounter	12	29	\$3,404	\$284	\$117	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	13	83	\$3,828	\$294	\$46	6
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	1,215	4,316	\$451,347	\$371	\$105	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	39	84	\$13,636	\$350	\$162	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	2	2	\$273	\$137	\$137	1
Occupational Therapy		97003	Encounter	2	2	\$307	\$154	\$154	1
Occupational Therapy		97004	Encounter	7	7	\$944	\$135	\$135	1
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Saginaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	3	12	\$788	\$263	\$66	4
Assessment or Health Services		97803	15 Minutes	3	19	\$695	\$232	\$37	6
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	382	800	\$4,758	\$12	\$6	2
Transportation		A0110	Per one-way trip	2	310	\$2,425	\$1,213	\$8	155
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	7	325	\$1,934	\$276	\$6	46
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Saginaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		141	952	\$68,428	\$485	\$72	7
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	210	991	\$385,845	\$1,837	\$389	5
Prevention Services - Direct Model		H0025	Face to Face Contact	1	1	\$87	\$87	\$87	1
Assessment		H0031	Encounter	541	679	\$116,058	\$215	\$171	1
Treatment Planning		H0032	Encounter	72	292	\$33,273	\$462	\$114	4
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	92	14,956	\$523,816	\$5,694	\$35	163
Community Living Supports in Independent living/own home		H0043	Per diem	2	224	\$17,100	\$8,550	\$76	112
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	25	43	\$5,262	\$210	\$122	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1,384	9,827	\$671,814	\$485	\$68	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	3	5,672	\$22,121	\$7,374	\$4	1,891
Community Living Supports (15 Minutes)		H2015	15 Minutes	36	251,397	\$932,232	\$25,895	\$4	6,983
Community Living Supports (Daily)		H2016	Per Diem	29	5,879	\$182,249	\$6,284	\$31	203
Community Living Supports (Daily)		H2016	Per Diem	25	2,313	\$143,406	\$5,736	\$62	93
Community Living Supports (Daily)		H2016	Per Diem	103	23,300	\$2,964,960	\$28,786	\$127	226
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	2	7,612	\$30,314	\$15,157	\$4	3,806
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	87	18,020	\$273,094	\$3,139	\$15	207
Medication Review		M0064	Encounter Face-to-Face	90	370	\$17,455	\$194	\$47	4
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Saginaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	2	2	\$151	\$76	\$76	1
Health Services		S9446	Encounter	11	19	\$1,928	\$175	\$101	2
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	148	323	\$38,841	\$262	\$120	2
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	71	81	\$13,778	\$194	\$170	1
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	21	433	\$27,429	\$1,306	\$63	21
Targeted Case Management		T1017	15 minutes	809	30,819	\$1,407,890	\$1,740	\$46	38
Nursing Home Mental Health Monitoring		T1017	15 minutes	28	928	\$52,455	\$1,873	\$57	33
Personal Care in Licensed Specialized Residential Setting		T1020	Days	110	19,431	\$320,262	\$2,911	\$16	177
Personal Care in Licensed Specialized Residential Setting		T1020	Days	20	2,093	\$72,250	\$3,613	\$35	105
Personal Care in Licensed Specialized Residential Setting		T1020	Days	85	10,845	\$727,915	\$8,564	\$67	128
Assessments		T1023	Encounter	1,140	1,644	\$249,779	\$219	\$152	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	572	2,326	\$353,571	\$618	\$152	4
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	159	718	\$16,119	\$101	\$22	5
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				369	0	\$550,383	\$1,492	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				3,229		\$18,587,999			

CMHSP Cost Data by Service Category
Adults with Mental Illness
Fiscal Year 2004-2005
State of Michigan

Sanilac Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	4	40	\$11,103	\$2,776	\$278	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	66	436	\$324,413	\$4,915	\$744	7
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	1	4	\$642	\$642	\$161	4
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	1	11	\$990	\$990	\$90	11
Medication Administration		90782	Encounter	20	327	\$12,373	\$619	\$38	16
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	108	112	\$24,143	\$224	\$216	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	21	25	\$2,208	\$105	\$88	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	219	1,572	\$216,149	\$987	\$137	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	6	13	\$3,529	\$588	\$271	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Sanilac Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	1	\$74	\$74	\$74	1
Therapy-Family Therapy		90847	Encounter	27	57	\$7,964	\$295	\$140	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	18	202	\$67,962	\$3,776	\$336	11
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	314	1,401	\$97,869	\$312	\$70	4
Additional Codes-ECT Physician		90870	Encounter	2	8	\$3,896	\$1,948	\$487	4
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	5	13	\$1,698	\$340	\$131	3
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	2	2	\$955	\$478	\$478	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Sanilac	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Sanilac Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	22	279	\$66,049	\$3,002	\$237	13
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	259	272	\$106,415	\$411	\$391	1
Treatment Planning		H0032	Encounter	251	318	\$105,934	\$422	\$333	1
Health Services		H0034	15 Minutes	127	650	\$29,845	\$235	\$46	5
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$100,732	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	63	8,642	\$696,040	\$11,048	\$81	137
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	83	653	\$65,124	\$785	\$100	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	11	2,925	\$18,363	\$1,669	\$6	266
Community Living Supports (15 Minutes)		H2015	15 Minutes	46	32,115	\$95,317	\$2,072	\$3	698
Community Living Supports (Daily)		H2016	Per Diem	10	1,661	\$37,764	\$3,776	\$23	166
Community Living Supports (Daily)		H2016	Per Diem	13	924	\$62,981	\$4,845	\$68	71
Community Living Supports (Daily)		H2016	Per Diem	9	2,000	\$227,423	\$25,269	\$114	222
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	13	183	\$16,620	\$1,278	\$91	14
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	19	20,751	\$96,520	\$5,080	\$5	1,092
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	1	1	\$51	\$51	\$51	1
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Sanilac	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	17	17	\$7,495	\$441	\$441	1
Health Services		T1002	Up to 15 min	369	1,998	\$70,698	\$192	\$35	5
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	292	8,306	\$698,204	\$2,391	\$84	28
Nursing Home Mental Health Monitoring		T1017	15 minutes	9	73	\$6,136	\$682	\$84	8
Personal Care in Licensed Specialized Residential Setting		T1020	Days	26	4,557	\$75,787	\$2,915	\$17	175
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	37	42	\$18,257	\$493	\$435	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	3	5	\$37,671	\$12,557	\$7,534	2
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$14,964	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				534		\$3,430,358			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	5	571	\$285,348	\$57,070	\$500	114
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	96	587	\$377,374	\$3,931	\$643	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia	00104		Minutes	0	0	\$0	\$0	\$0	0
Medication Administration	90782	00104	Encounter	36	478	\$21,606	\$600	\$45	13
Medication Administration	90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	90801		Encounter	155	160	\$32,730	\$211	\$205	1
Assessment-Psychiatric Assessment	90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90804		Encounter 20-30 Min	47	58	\$3,418	\$73	\$59	1
Therapy-Individual Therapy	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90806		Encounter 45-50 Min	342	2,306	\$234,969	\$687	\$102	7
Therapy-Individual Therapy	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90811		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90812		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90813		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90814		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	2	10	\$754	\$377	\$75	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	8	69	\$3,235	\$404	\$47	9
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	334	1,178	\$63,286	\$189	\$54	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	3	6	\$1,056	\$352	\$176	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		3	3	\$70	\$23	\$23	1
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		8	61	\$1,149	\$144	\$19	8
Additional Codes-Physician Services		99232		6	14	\$280	\$47	\$20	2
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	261	265	\$56,001	\$215	\$211	1
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	44	2,474	\$12,910	\$293	\$5	56
Peer Directed and Operated Support Services		NA		0	0	\$12,659	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	47	5,159	\$368,038	\$7,831	\$71	110
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	1	1	\$33	\$33	\$33	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	185	791	\$44,861	\$242	\$57	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	9	27,686	\$123,832	\$13,759	\$4	3,076
Community Living Supports (15 Minutes)		H2015	15 Minutes	3	65,113	\$239,660	\$79,887	\$4	21,704
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	2	362	\$69,464	\$34,732	\$192	181
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	24	13,295	\$84,482	\$3,520	\$6	554
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	1	2	\$0	\$0	\$0	2
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	1	31	\$6,870	\$6,870	\$222	31
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Shiawassee

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	8	\$104	\$104	\$13	8
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	2	4	\$102	\$51	\$26	2
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	7	1,144	\$4,272	\$610	\$4	163
Supports Coordination/Wrap Facilitation		T1016	15 minutes	6	67	\$4,914	\$819	\$73	11
Targeted Case Management		T1017	15 minutes	172	5,487	\$349,276	\$2,031	\$64	32
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	2	363	\$9,003	\$4,502	\$25	182
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	91	155	\$35,346	\$388	\$228	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	1	12	\$1,975	\$1,975	\$165	12
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	7	1,369	\$8,976	\$1,282	\$7	196
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$13,729	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				9	0	\$446	\$50	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				704		\$2,472,228			

CMHSP Cost Data by Service Category
Adults with Mental Illness
Fiscal Year 2004-2005
State of Michigan
St. Clair

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	8	1,432	\$659,550	\$82,444	\$461	179
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	55	570	\$235,989	\$4,291	\$414	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	387	2,218	\$1,184,182	\$3,060	\$534	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	39	229	\$47,750	\$1,224	\$209	6
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	53	722	\$27,894	\$526	\$39	14
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	906	1,389	\$166,461	\$184	\$120	2
Assessment-Psychiatric Assessment		90802	Encounter	3	4	\$345	\$115	\$86	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	233	424	\$34,351	\$147	\$81	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	1	1	\$59	\$59	\$59	1
Therapy-Individual Therapy		90806	Encounter 45-50 Min	856	8,290	\$865,255	\$1,011	\$104	10
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	55	116	\$20,455	\$372	\$176	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	2	3	\$382	\$191	\$127	2
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Clair

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	1	\$98	\$98	\$98	1
Therapy-Family Therapy		90847	Encounter	17	51	\$5,211	\$307	\$102	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	181	2,728	\$375,015	\$2,072	\$137	15
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	1,036	4,726	\$299,709	\$289	\$63	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	1	1	\$182	\$182	\$182	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	2	3	\$652	\$326	\$217	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	13	13	\$4,974	\$383	\$383	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	5	249	\$10,573	\$2,115	\$42	50
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	2	22	\$202	\$101	\$9	11
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Clair

Service Category	Revenue Code	HCPDS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	16	16	\$1,350	\$84	\$84	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	9	24	\$1,315	\$146	\$55	3
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Clair

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	25	362	\$59,360	\$2,374	\$164	14
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	837	910	\$261,410	\$312	\$287	1
Treatment Planning		H0032	Encounter	444	646	\$179,849	\$405	\$278	1
Health Services		H0034	15 Minutes	391	1,787	\$76,597	\$196	\$43	5
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		70	0	\$121,117	\$1,730	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	73	13,362	\$593,084	\$8,124	\$44	183
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	5	59	\$6,588	\$1,318	\$112	12
Behavior Management Review		H2000	Encounter	1	1	\$109	\$109	\$109	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	39	322	\$7,802	\$200	\$24	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	135	88,799	\$223,446	\$1,655	\$3	658
Community Living Supports (15 Minutes)		H2015	15 Minutes	297	123,301	\$437,115	\$1,472	\$4	415
Community Living Supports (Daily)		H2016	Per Diem	10	2,639	\$42,491	\$4,249	\$16	264
Community Living Supports (Daily)		H2016	Per Diem	2	49	\$2,489	\$1,245	\$51	25
Community Living Supports (Daily)		H2016	Per Diem	85	11,225	\$1,428,816	\$16,810	\$127	132
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	5	2,460	\$8,321	\$1,664	\$3	492
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	213	169,096	\$463,383	\$2,176	\$3	794
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	2	3	\$405	\$203	\$135	2
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Clair

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	4	37	\$2,604	\$651	\$70	9
Health Services		S9446	Encounter	89	557	\$40,130	\$451	\$72	6
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	20	20	\$6,937	\$347	\$347	1
Health Services		T1002	Up to 15 min	202	3,091	\$223,842	\$1,108	\$72	15
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	23	52,106	\$222,887	\$9,691	\$4	2,265
Supports Coordination/Wrap Facilitation		T1016	15 minutes	3	23	\$1,678	\$559	\$73	8
Targeted Case Management		T1017	15 minutes	952	21,069	\$1,156,167	\$1,214	\$55	22
Nursing Home Mental Health Monitoring		T1017	15 minutes	48	1,255	\$68,868	\$1,435	\$55	26
Personal Care in Licensed Specialized Residential Setting		T1020	Days	91	12,773	\$128,101	\$1,408	\$10	140
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	566	\$32,375	\$8,094	\$57	142
Personal Care in Licensed Specialized Residential Setting		T1020	Days	2	575	\$55,562	\$27,781	\$97	288
Assessments		T1023	Encounter	352	467	\$217,839	\$619	\$466	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	163	545	\$113,332	\$695	\$208	3
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	1	12	\$1,499	\$1,499	\$125	12
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				58	0	\$158,621	\$2,735	\$0	0
Other				25	0	\$14,390	\$576	\$0	0
Total Population and Cost				1,921		\$10,299,168			

CMHSP Cost Data by Service Category
Adults with Mental Illness
Fiscal Year 2004-2005
State of Michigan
St. Joseph

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	12	1,117	\$501,814	\$41,818	\$449	93
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	2	35	\$22,638	\$11,319	\$647	18
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	68	553	\$314,909	\$4,631	\$569	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	1	1	\$45	\$45	\$45	1
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	1	1	\$2,181	\$2,181	\$2,181	1
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	1	7	\$174	\$174	\$25	7
Medication Administration		90782	Encounter	30	151	\$2,239	\$75	\$15	5
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	323	352	\$92,942	\$288	\$264	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	38	53	\$3,016	\$79	\$57	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	268	476	\$88,190	\$329	\$185	2
Therapy-Individual Therapy		90806	Encounter 45-50 Min	330	1,946	\$195,411	\$592	\$100	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	13	36	\$7,163	\$551	\$199	3
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	1	1	\$99	\$99	\$99	1
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Joseph

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	3	3	\$251	\$84	\$84	1
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	3	6	\$595	\$198	\$99	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	52	599	\$53,754	\$1,034	\$90	12
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	705	2,474	\$216,908	\$308	\$88	4
Additional Codes-ECT Physician		90870	Encounter	1	1	\$45	\$45	\$45	1
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	3	6	\$929	\$310	\$155	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	1	1	\$131	\$131	\$131	1
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	1	2	\$261	\$261	\$131	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Joseph Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Joseph

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bite wings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	4	4	\$250	\$63	\$63	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	221	226	\$15,399	\$70	\$68	1
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	40	12,234	\$327,453	\$8,186	\$27	306
Community Living Supports in Independent living/own home		H0043	Per diem	1	19	\$1,064	\$1,064	\$56	19
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	341	2,311	\$175,140	\$514	\$76	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	15	34,825	\$73,588	\$4,906	\$2	2,322
Community Living Supports (15 Minutes)		H2015	15 Minutes	13	10,246	\$27,406	\$2,108	\$3	788
Community Living Supports (Daily)		H2016	Per Diem	2	14	\$463	\$232	\$33	7
Community Living Supports (Daily)		H2016	Per Diem	14	1,765	\$116,706	\$8,336	\$66	126
Community Living Supports (Daily)		H2016	Per Diem	54	6,769	\$686,566	\$12,714	\$101	125
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	11	4,476	\$17,518	\$1,593	\$4	407
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	41	73,566	\$274,184	\$6,687	\$4	1,794
Medication Review		M0064	Encounter Face-to-Face	8	8	\$268	\$34	\$34	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

St. Joseph

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	1	1	\$65	\$65	\$65	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	9	11	\$633	\$70	\$58	1
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	5	107	\$5,393	\$1,079	\$50	21
Targeted Case Management		T1017	15 minutes	155	12,194	\$448,810	\$2,896	\$37	79
Nursing Home Mental Health Monitoring		T1017	15 minutes	2	12	\$437	\$219	\$36	6
Personal Care in Licensed Specialized Residential Setting		T1020	Days	14	311	\$10,282	\$734	\$33	22
Personal Care in Licensed Specialized Residential Setting		T1020	Days	15	1,999	\$132,179	\$8,812	\$66	133
Personal Care in Licensed Specialized Residential Setting		T1020	Days	47	6,351	\$638,958	\$13,595	\$101	135
Assessments		T1023	Encounter	20	25	\$3,440	\$172	\$138	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	5	6	\$2,073	\$415	\$346	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,155		\$4,461,970			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	8	1,132	\$483,407	\$60,426	\$427	142
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	191	1,530	\$947,106	\$4,959	\$619	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	2	30	\$11,246	\$5,623	\$375	15
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	2	433	\$4,459	\$2,230	\$10	217
Medication Administration		90782	Encounter	1	7	\$334	\$334	\$48	7
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	625	670	\$126,429	\$202	\$189	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	203	628	\$62,655	\$309	\$100	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	1,123	5,285	\$730,277	\$650	\$138	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	6	7	\$1,182	\$197	\$169	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	1	8	\$1,378	\$1,378	\$172	8
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	2	\$278	\$278	\$139	2
Therapy-Family Therapy		90847	Encounter	37	83	\$11,544	\$312	\$139	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	383	2,936	\$246,287	\$643	\$84	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	1,250	3,659	\$362,079	\$290	\$99	3
Additional Codes-ECT Physician		90870	Encounter	2	34	\$4,729	\$2,365	\$139	17
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	12	22	\$7,511	\$626	\$341	2
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	3	6	\$331	\$110	\$55	2
Occupational Therapy		97004	Encounter	3	5	\$132	\$44	\$26	2
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	1	1	\$17	\$17	\$17	1
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	3	5	\$83	\$28	\$17	2
Occupational or Physical Therapy		97535	15 Minutes	2	8	\$132	\$66	\$17	4
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	120	1,709	\$113,213	\$943	\$66	14
Additional Codes-Physician Services		99212	Encounter	3	3	\$119	\$40	\$40	1
Additional Codes-Physician Services		99213	Encounter	465	901	\$41,773	\$90	\$46	2
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		76	85	\$12,949	\$170	\$152	1
Additional Codes-Physician Services		99222		167	176	\$39,541	\$237	\$225	1
Additional Codes-Physician Services		99223		13	13	\$4,305	\$331	\$331	1
Additional Codes-Physician Services		99231		220	1,436	\$101,395	\$461	\$71	7
Additional Codes-Physician Services		99232		207	633	\$69,178	\$334	\$109	3
Additional Codes-Physician Services		99233		39	48	\$6,756	\$173	\$141	1
Additional Codes-Physician Services		99238	30 Minutes or less	178	206	\$23,327	\$131	\$113	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	28	28	\$5,954	\$213	\$213	1
Additional Codes-Physician Services		99253	Encounter	130	146	\$38,680	\$298	\$265	1
Additional Codes-Physician Services		99254	Encounter	9	9	\$2,921	\$325	\$325	1
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	1	1	\$60	\$60	\$60	1
Additional Codes-Physician Services		99262	Encounter	12	13	\$1,636	\$136	\$126	1
Additional Codes-Physician Services		99263	Encounter	12	13	\$2,239	\$187	\$172	1
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	3	20	\$795	\$265	\$40	7
Transportation		A0080	Per mile	30	40	\$9,323	\$311	\$233	1
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		3	3	\$187	\$62	\$62	1
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		2	3	\$238	\$119	\$79	2
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		1	1	\$166	\$166	\$166	1
Resin based comp-three surfaces, an		D2332		1	1	\$179	\$179	\$179	1
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	721	735	\$136,102	\$189	\$185	1
Crisis Residential Services		H0018	Days	42	205	\$64,845	\$1,544	\$316	5
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	80	9,193	\$664,323	\$8,304	\$72	115
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	1	1	\$93	\$93	\$93	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	240	1,636	\$130,030	\$542	\$79	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	12	24,852	\$89,809	\$7,484	\$4	2,071
Community Living Supports (15 Minutes)		H2015	15 Minutes	237	50,111	\$770,525	\$3,251	\$15	211
Community Living Supports (Daily)		H2016	Per Diem	3	723	\$23,067	\$7,689	\$32	241
Community Living Supports (Daily)		H2016	Per Diem	7	1,156	\$75,928	\$10,847	\$66	165
Community Living Supports (Daily)		H2016	Per Diem	22	5,244	\$959,683	\$43,622	\$183	238
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	182	226,749	\$4,397,999	\$24,165	\$19	1,246
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	6	11,369	\$22,315	\$3,719	\$2	1,895
Supports Coordination/Wrap Facilitation		T1016	15 minutes	55	846	\$67,240	\$1,223	\$79	15
Targeted Case Management		T1017	15 minutes	488	16,314	\$895,191	\$1,834	\$55	33
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	23	5,633	\$108,848	\$4,733	\$19	245
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6	985	\$56,647	\$9,441	\$58	164
Personal Care in Licensed Specialized Residential Setting		T1020	Days	3	478	\$46,609	\$15,536	\$98	159
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	1	1	\$88	\$88	\$88	1
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	27	43	\$5,629	\$208	\$131	2
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	1	1	\$78	\$78	\$78	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				2,981		\$11,991,579			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Tuscola Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	5	526	\$241,453	\$48,291	\$459	105
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	8	\$5,336	\$5,336	\$667	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	53	315	\$188,688	\$3,560	\$599	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - BEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	31	365	\$22,684	\$732	\$62	12
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	277	292	\$96,241	\$347	\$330	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	50	59	\$2,889	\$58	\$49	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	394	3,230	\$266,889	\$677	\$83	8
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	19	28	\$3,772	\$199	\$135	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Tuscola	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	2	2	\$226	\$113	\$113	1
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	30	348	\$30,917	\$1,031	\$89	12
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	456	2,165	\$226,710	\$497	\$105	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	8	40	\$2,720	\$340	\$68	5
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	1	1	\$59	\$59	\$59	1
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Tuscola	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	40	53	\$2,142	\$54	\$40	1
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		27	30	\$2,721	\$101	\$91	1
Additional Codes-Physician Services		99223		1	1	\$0	\$0	\$0	1
Additional Codes-Physician Services		99231		41	240	\$6,845	\$167	\$29	6
Additional Codes-Physician Services		99232		14	31	\$446	\$32	\$14	2
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	35	38	\$1,735	\$50	\$46	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	1	1	\$43	\$43	\$43	1
Additional Codes-Physician Services		99252	Encounter	2	2	\$125	\$63	\$63	1
Additional Codes-Physician Services		99253	Encounter	1	1	\$125	\$125	\$125	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	2	2,818	\$988	\$494	\$0	1,409
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Tuscola Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	21	98	\$47,590	\$2,266	\$486	5
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	225	248	\$41,187	\$183	\$166	1
Treatment Planning		H0032	Encounter	121	128	\$32,942	\$272	\$257	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	60	5,871	\$418,864	\$6,981	\$71	98
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	1	1	\$63	\$63	\$63	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	242	2,300	\$140,050	\$579	\$61	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	32	29,639	\$139,647	\$4,364	\$5	926
Community Living Supports (15 Minutes)		H2015	15 Minutes	1	24,578	\$32,366	\$32,366	\$1	24,578
Community Living Supports (Daily)		H2016	Per Diem	2	122	\$4,838	\$2,419	\$40	61
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	26	2,077	\$287,375	\$11,053	\$138	80
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	38	11,525	\$157,298	\$4,139	\$14	303
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	9	9	\$63	\$7	\$7	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Tuscola Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	22	\$263	\$263	\$12	22
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	34	36	\$10,196	\$300	\$283	1
Health Services		T1002	Up to 15 min	36	412	\$24,714	\$687	\$60	11
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	5	136	\$10,453	\$2,091	\$77	27
Targeted Case Management		T1017	15 minutes	252	5,538	\$520,103	\$2,064	\$94	22
Nursing Home Mental Health Monitoring		T1017	15 minutes	32	203	\$13,244	\$414	\$65	6
Personal Care in Licensed Specialized Residential Setting		T1020	Days	2	675	\$5,477	\$2,739	\$8	338
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	365	\$12,596	\$12,596	\$35	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	102	145	\$35,663	\$350	\$246	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	3	25	\$754	\$251	\$30	8
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$51,054	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				59	0	\$7,145	\$121	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				845		\$3,097,699			

CMHSP Cost Data by Service Category
Adults with Mental Illness
Fiscal Year 2004-2005
State of Michigan
Van Buren

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	9	875	\$411,250	\$45,694	\$470	97
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	61	495	\$300,472	\$4,926	\$607	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	1	15	\$3,321	\$3,321	\$221	15
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	1	56	\$495	\$495	\$9	56
Medication Administration		90782	Encounter	10	19	\$475	\$48	\$25	2
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	247	257	\$64,382	\$261	\$251	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	341	618	\$30,000	\$88	\$49	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	626	3,621	\$331,707	\$530	\$92	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	176	368	\$29,903	\$170	\$81	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Van Buren Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	5	5	\$500	\$100	\$100	1
Therapy-Family Therapy		90847	Encounter	95	218	\$21,800	\$229	\$100	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	114	1,085	\$43,400	\$381	\$40	10
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	600	2,769	\$172,972	\$288	\$62	5
Additional Codes-ECT Physician		90870	Encounter	1	15	\$1,575	\$1,575	\$105	15
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	12	43	\$4,300	\$358	\$100	4
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	6	7	\$525	\$88	\$75	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	2	18	\$450	\$225	\$25	9
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Van Buren

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		6	6	\$420	\$70	\$70	1
Additional Codes-Physician Services		99222		12	12	\$875	\$73	\$73	1
Additional Codes-Physician Services		99223		4	4	\$70	\$18	\$18	1
Additional Codes-Physician Services		99231		17	58	\$3,360	\$198	\$58	3
Additional Codes-Physician Services		99232		9	18	\$1,050	\$117	\$58	2
Additional Codes-Physician Services		99233		7	11	\$630	\$90	\$57	2
Additional Codes-Physician Services		99238	30 Minutes or less	8	8	\$455	\$57	\$57	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	9	9	\$1,350	\$150	\$150	1
Crisis Residential Services		H0018	Days	3	15	\$3,750	\$1,250	\$250	5
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	559	608	\$91,253	\$163	\$150	1
Treatment Planning		H0032	Encounter	714	932	\$93,179	\$131	\$100	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	93	11,222	\$1,009,980	\$10,860	\$90	121
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	4	6	\$870	\$218	\$145	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	546	2,785	\$69,625	\$128	\$25	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	17	28,778	\$230,224	\$13,543	\$8	1,693
Community Living Supports (15 Minutes)		H2015	15 Minutes	63	14,963	\$75,933	\$1,205	\$5	238
Community Living Supports (Daily)		H2016	Per Diem	7	118	\$15,031	\$2,147	\$127	17
Community Living Supports (Daily)		H2016	Per Diem	7	1,058	\$46,258	\$6,608	\$44	151
Community Living Supports (Daily)		H2016	Per Diem	56	7,172	\$1,375,109	\$24,556	\$192	128
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	31	11,953	\$95,624	\$3,085	\$8	386
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	48	63,053	\$504,424	\$10,509	\$8	1,314
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	1	14	\$2,100	\$2,100	\$150	14
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Van Buren

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	37	251	\$12,550	\$339	\$50	7
Health Services		S9446	Encounter	26	90	\$2,250	\$87	\$25	3
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	88	103	\$7,725	\$88	\$75	1
Health Services		T1002	Up to 15 min	2	8	\$200	\$100	\$25	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	18	340	\$30,600	\$1,700	\$90	19
Targeted Case Management		T1017	15 minutes	218	9,289	\$836,010	\$3,835	\$90	43
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	16	1,958	\$41,165	\$2,573	\$21	122
Personal Care in Licensed Specialized Residential Setting		T1020	Days	3	993	\$34,244	\$11,415	\$34	331
Personal Care in Licensed Specialized Residential Setting		T1020	Days	42	1,979	\$132,113	\$3,146	\$67	47
Assessments		T1023	Encounter	110	131	\$19,650	\$179	\$150	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	45	54	\$14,904	\$331	\$276	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				45	0	\$11,551	\$257	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,675		\$6,182,059			

CMHSP Cost Data by Service Category
Adults with Mental Illness
Fiscal Year 2004-2005
State of Michigan
Washtenaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	30	4,912	\$2,352,652	\$78,422	\$479	164
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	8	48	\$9,312	\$1,164	\$194	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	498	4,451	\$2,308,556	\$4,636	\$519	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	3	17	\$13,600	\$4,533	\$800	6
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	16	140	\$27,920	\$1,745	\$199	9
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	356	3,231	\$158,028	\$444	\$49	9
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	829	1,219	\$340,674	\$411	\$279	1
Assessment-Psychiatric Assessment		90802	Encounter	1	1	\$419	\$419	\$419	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	53	146	\$15,301	\$289	\$105	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	205	2,135	\$371,993	\$1,815	\$174	10
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	9	13	\$3,179	\$353	\$245	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	15	54	\$11,319	\$755	\$210	4
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Washtenaw

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	1	\$154	\$154	\$154	1
Therapy-Family Therapy		90847	Encounter	18	127	\$26,620	\$1,479	\$210	7
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	234	4,078	\$284,930	\$1,218	\$70	17
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	1,468	7,407	\$828,029	\$564	\$112	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	10	29	\$6,079	\$608	\$210	3
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	1	2	\$1,747	\$1,747	\$873	2
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	52	65	\$14,533	\$279	\$224	1
Occupational Therapy		97004	Encounter	22	65	\$10,899	\$495	\$168	3
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Washtenaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	1	1	\$42	\$42	\$42	1
Assessment or Health Services		97803	15 Minutes	4	189	\$5,283	\$1,321	\$28	47
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	5	11	\$999	\$200	\$91	2
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Washtenaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	125	1,770	\$328,778	\$2,630	\$186	14
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032	Encounter	458	556	\$77,695	\$170	\$140	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	175	22,757	\$1,979,404	\$11,311	\$87	130
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	18	57	\$11,948	\$664	\$210	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	163	1,584	\$87,880	\$539	\$55	10
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	2	780	\$5,452	\$2,726	\$7	390
Community Living Supports (15 Minutes)		H2015	15 Minutes	84	157,754	\$544,251	\$6,479	\$3	1,878
Community Living Supports (Daily)		H2016	Per Diem	70	21,087	\$321,366	\$4,591	\$15	301
Community Living Supports (Daily)		H2016	Per Diem	22	4,052	\$213,581	\$9,708	\$53	184
Community Living Supports (Daily)		H2016	Per Diem	45	12,078	\$1,240,531	\$27,567	\$103	268
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	60	95,069	\$921,169	\$15,353	\$10	1,584
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	44	20,124	\$273,284	\$6,211	\$14	457
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	107	818	\$171,461	\$1,602	\$210	8
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	1	304	\$2,125	\$2,125	\$7	304

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Washtenaw

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	207	381	\$79,861	\$386	\$210	2
Health Services		T1002	Up to 15 min	347	5,634	\$275,559	\$794	\$49	16
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	2	13,152	\$24,068	\$12,034	\$2	6,576
Supports Coordination/Wrap Facilitation		T1016	15 minutes	50	1,132	\$161,480	\$3,230	\$143	23
Targeted Case Management		T1017	15 minutes	1,236	27,053	\$4,163,998	\$3,369	\$154	22
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	47	10,559	\$198,509	\$4,224	\$19	225
Personal Care in Licensed Specialized Residential Setting		T1020	Days	11	1,904	\$103,197	\$9,382	\$54	173
Personal Care in Licensed Specialized Residential Setting		T1020	Days	3	818	\$91,706	\$30,569	\$112	273
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	3	15	\$3,843	\$1,281	\$256	5
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				508	0	\$385,163	\$758	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				2,000		\$18,458,576			

CMHSP Cost Data by Service Category
Adults with Mental Illness
Fiscal Year 2004-2005
State of Michigan

West Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	10	213	\$108,227	\$10,823	\$508	21
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	5	32	\$12,556	\$2,511	\$392	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	116	976	\$382,963	\$3,301	\$392	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	21	160	\$8,490	\$404	\$53	8
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	240	300	\$136,875	\$570	\$456	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	48	75	\$6,557	\$137	\$87	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	400	3,294	\$575,989	\$1,440	\$175	8
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	22	37	\$9,705	\$441	\$262	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

West Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	3	6	\$936	\$312	\$156	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	90	365	\$28,324	\$315	\$78	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	663	3,582	\$479,128	\$723	\$134	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	4	4	\$654	\$164	\$164	1
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	1	7	\$1,033	\$1,033	\$148	7
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	16	78	\$11,031	\$689	\$141	5
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	1	1	\$231	\$231	\$231	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	1	16	\$513	\$513	\$32	16
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	1	12	\$586	\$586	\$49	12
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

West Michigan Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	1	3	\$86	\$86	\$29	3
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	2	2	\$1,816	\$908	\$908	1
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

West Michigan									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bite wings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		26	185	\$9,816	\$378	\$53	7
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	12	67	\$20,039	\$1,670	\$299	6
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	533	668	\$165,945	\$311	\$248	1
Treatment Planning		H0032	Encounter	268	318	\$66,920	\$250	\$210	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	75	18,779	\$740,644	\$9,875	\$39	250
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	7	21	\$2,153	\$308	\$103	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	420	3,091	\$118,200	\$281	\$38	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	6	460	\$4,122	\$687	\$9	77
Community Living Supports (15 Minutes)		H2015	15 Minutes	22	2,645	\$22,773	\$1,035	\$9	120
Community Living Supports (Daily)		H2016	Per Diem	2	360	\$12,373	\$6,187	\$34	180
Community Living Supports (Daily)		H2016	Per Diem	1	82	\$3,725	\$3,725	\$45	82
Community Living Supports (Daily)		H2016	Per Diem	13	3,001	\$311,144	\$23,934	\$104	231
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	32	3,846	\$22,076	\$690	\$6	120
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	35	471	\$81,841	\$2,338	\$174	13
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	2	468	\$421	\$211	\$1	234

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

West Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	1	1	\$150	\$150	\$150	1
Health Services		T1002	Up to 15 min	4	20	\$1,061	\$265	\$53	5
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	591	23,978	\$1,201,538	\$2,033	\$50	41
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	6	1,628	\$52,763	\$8,794	\$32	271
Personal Care in Licensed Specialized Residential Setting		T1020	Days	10	1,732	\$120,080	\$12,008	\$69	173
Personal Care in Licensed Specialized Residential Setting		T1020	Days	2	83	\$8,830	\$4,415	\$106	42
Assessments		T1023	Encounter	127	139	\$34,530	\$272	\$248	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	6	371	\$1,862	\$310	\$5	62
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	55	55	\$65,179	\$1,185	\$1,185	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	10	23	\$9,212	\$921	\$401	2
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				11	0	\$1,730	\$157	\$0	0
Total Population and Cost				1,502		\$4,844,827			

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Woodlands

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	50	1,441	\$682,689	\$13,654	\$474	29
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	38	276	\$144,087	\$3,792	\$522	7
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	5	29	\$18,180	\$3,636	\$627	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	22	288	\$18,576	\$844	\$65	13
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	88	89	\$21,182	\$241	\$238	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	15	19	\$1,237	\$82	\$65	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	241	1,166	\$150,414	\$624	\$129	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	1	1	\$194	\$194	\$194	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Woodlands

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	21	34	\$4,386	\$209	\$129	2
Therapy-Family Therapy		90847	Encounter	54	133	\$17,157	\$318	\$129	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	331	1,080	\$85,320	\$258	\$79	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	1	\$645	\$645	\$645	1
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Woodlands

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Woodlands									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	266	270	\$34,830	\$131	\$129	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	14	25	\$10,353	\$740	\$414	2
Treatment Planning		H0032	Encounter	129	131	\$16,899	\$131	\$129	1
Health Services		H0034	15 Minutes	280	411	\$18,060	\$65	\$44	1
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	5	309	\$2,163	\$433	\$7	62
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	125	721	\$42,900	\$343	\$60	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	11	3,434	\$19,753	\$1,796	\$6	312
Community Living Supports (15 Minutes)		H2015	15 Minutes	90	219,798	\$1,044,041	\$11,600	\$5	2,442
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	2	730	\$110,444	\$55,222	\$151	365
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	45	2,525	\$78,275	\$1,739	\$31	56
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	41	32,545	\$105,771	\$2,580	\$3	794
Medication Review		M0064	Encounter Face-to-Face	8	8	\$632	\$79	\$79	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Adults with Mental Illness

Fiscal Year 2004-2005

State of Michigan

Woodlands

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	59	83	\$10,707	\$181	\$129	1
Health Services		T1002	Up to 15 min	6	17	\$548	\$91	\$32	3
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	0	0	\$0	\$0	\$0	0
Supports Coordination/Wrap Facilitation		T1016	15 minutes	0	0	\$0	\$0	\$0	0
Targeted Case Management		T1017	15 minutes	218	13,237	\$787,602	\$3,613	\$60	61
Nursing Home Mental Health Monitoring		T1017	15 minutes	3	30	\$1,785	\$595	\$60	10
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	365	\$13,011	\$13,011	\$36	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	1	365	\$18,516	\$18,516	\$51	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	59	64	\$9,823	\$166	\$153	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		19	18	\$8,074	\$425	\$449	1
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	2	2	\$1,025	\$513	\$513	1
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	53	53	\$5,597	\$106	\$106	1
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				673		\$3,484,876			